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Bib Data Sheet

CONFIRMATION NO. 3981

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/674,739  | <b>FILING OR 371(c) DATE</b><br>09/30/2003<br><b>RULE</b>   | <b>CLASS</b><br>004           | <b>GROUP ART UNIT</b><br>3751   | <b>ATTORNEY DOCKET NO.</b><br>P06474US2 |                                |
| <b>APPLICANTS</b><br>William T. Ball, Colorado Springs, CO;<br><b>** CONTINUING DATA *****</b><br>This application is a <u>CIP</u> of 10/247,247 09/19/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><u>MF 8/22/06</u><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 12/23/2003</b>        |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>Allowance</u><br>Acknowledged <u>Examiner's Signature</u> Initials |   | <b>STATE OR COUNTRY</b><br>CO | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>2                | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>34082   |   |                               |   |   |                                |
| <b>TITLE</b><br>Cap for sealing a bathtub overflow port for testing purposes  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |